

Experience Introducing Thermal Ablation at Country Level



Thermal Ablation: Recommendations for Secondary Prevention

TogetHER Fall Webinar Series

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John E. Varallo, MD, MPH, FACOG

Global Director Safe Surgery, Jhpiego

Outline: Practical Considerations for Implementation

- Countries – background
- Treatment Algorithms
- Training
- Thermal Ablation – the procedure
- Lessons learned

Countries

- Leveraging foundation of see and treat:
VIA/Cryotherapy/LEEP
- Transitioning cryotherapy to thermal ablation
- Using both direct electrical source (desktop) and battery operated (handheld) thermal ablation equipment
- Wide range of providers – mostly nurses



Zambia



Tanzania



Botswana

Rationale for switching from Cryotherapy

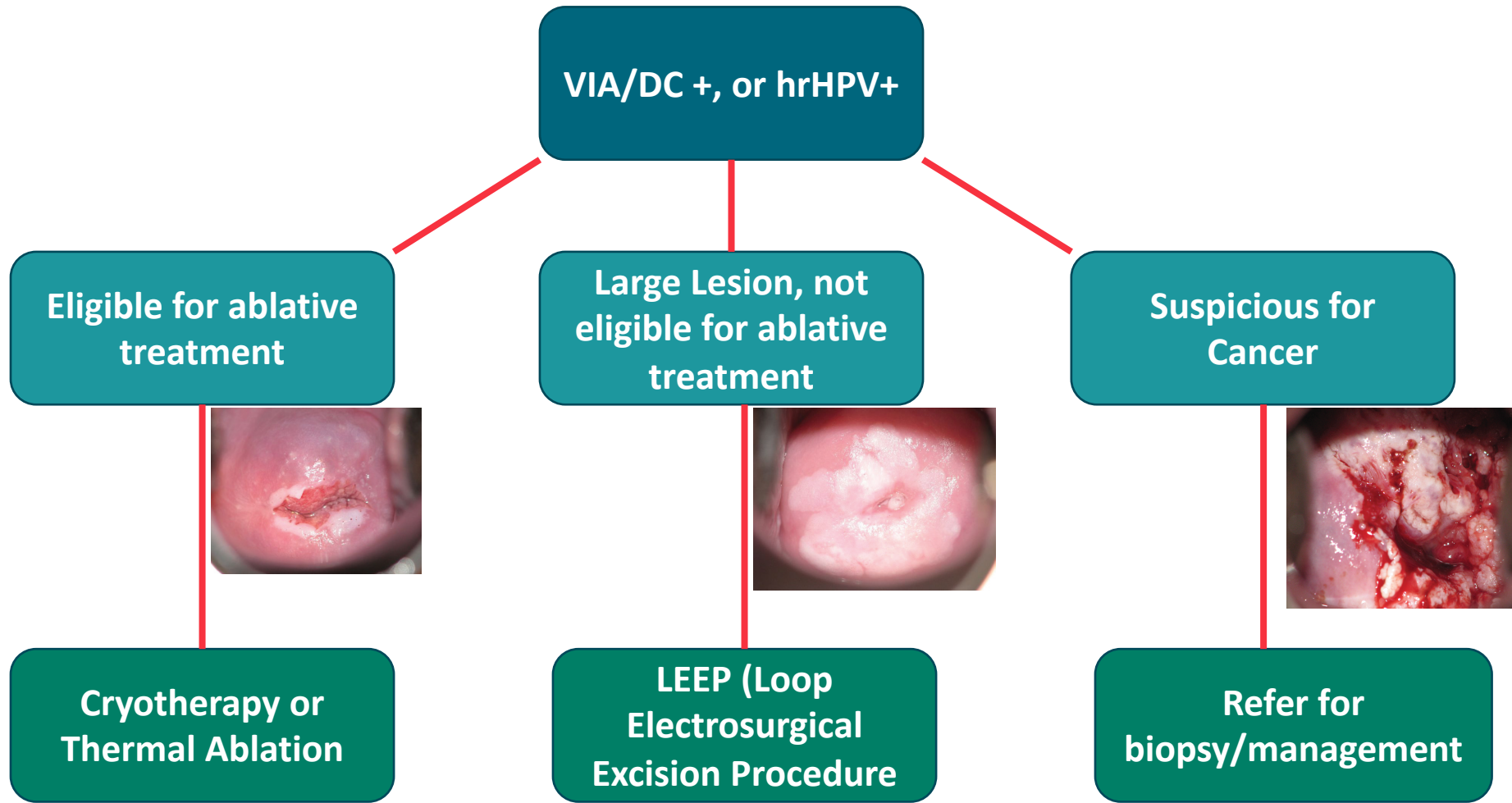
- Emerging evidence behind use of thermal ablation
- Challenges with regular supply of gas/cost
- Transport of gas – to clinics and use on mobile clinics (size of cylinders)
- Breakdown of cryotherapy machines
- Negative impact on single-visit approach (SVA) and reaching target of >90% treatment



Screen and Treat Approach: Women aged 30 – 50 years

VIA, Digital Cervicography (DC), or hrHPV followed by VIA/DC

(integrate into RH and HIV services)



Eligibility Criteria for Thermal Ablation (very similar to cryotherapy)

- VIA/DC positive; hrHPV positive followed by VIA/DC
- Lesion not suspicious for cancer
- Can see the entire extent of the lesion; lesion does not extend into the endocervical canal
- Lesion occupies <75% of the cervix
- No anatomical deformity of the cervix that prevents good application of thermo-probe tip
- Client is not pregnant
- Client is more than 6 weeks postpartum
- Client does not have cervicitis

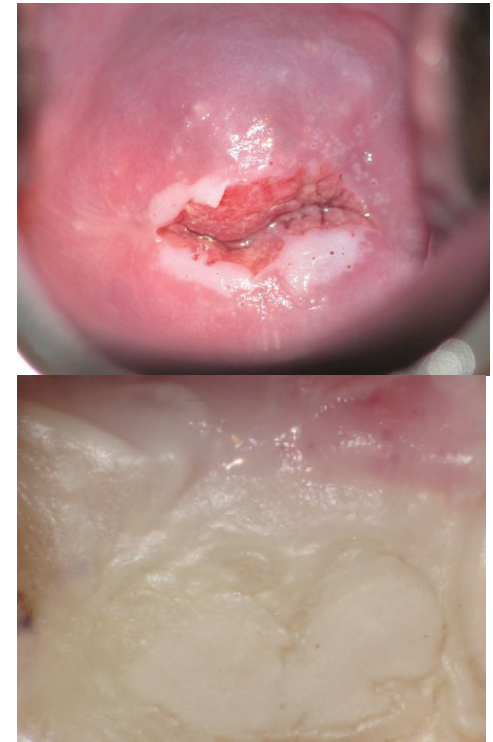
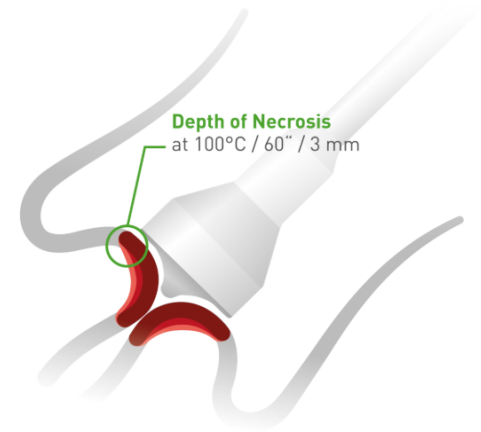
Training

- **Competency-based training**
 - › 2 days
 - 1 day didactic
 - 1 day clinical practice
 - › Followed by 3 days outreach services
- **Participants: Clinicians and nurses with VIA and cryotherapy skills**



Technique: Thermal Ablation

- Outpatient – clinic/mobile clinic
- Confirm **not pregnant**
- Obtain **informed consent**
- No anesthesia required
- **Perform** visual inspection (**VIA**): confirm presence, size, location of lesion (eligibility for thermal ablation)
- Apply **heated probe (100 – 120°C)** to cervix to cover lesion and transformation zone
- Treat for **45 seconds** (minimum of 20-30s)
- **Repeat as needed** (up to 5x) to cover entire lesion and transformation zone (overlapping treatments)
- **Review post-treatment instructions and follow-up**



Immediately post-thermal
ablation

Infection Prevention and Control

- Detach thermo-probe from handle
- Clean/wipe down handle with alcohol
- Clean probe and shaft (soapy water, soft brush/gauze)
- **Heat sterilize/autoclave – desktop probes**
- **Chemical HLD (20 mins) or sterilization – handheld probes**
- Rinse with sterile water and dry with sterile cloth
- Cover and store for next treatment



Lessons Learned

- Easy to learn and to perform (easier than cryotherapy)
- More portable than cryotherapy
- More reliable than cryotherapy (procurement, transport of gas; maintenance of units)
- Highly acceptable to clients and providers
 - Clients report little discomfort
 - Less complaints of vaginal discharge following treatment

Provider
“Excellent tool –
easier to use than
cryotherapy
machine”

Provider
“I wish the Govt.
would consider
using this
treatment machine
all over the
country”

Lessons Learned *cont.*

- Can readily be incorporated into screen-and-treat programs, including SVA
- Can perform biopsies before treatment (if needed)
- Potential to treat some lesions that extend beyond cryotherapy tip (avoiding referral for LEEP)
- Power source: direct electrical (desktop) vs. battery (handheld)
 - Electrical: desktop, but variety of tips/thermo-probes
 - Battery/dual-source: portability/mobile clinics; reportedly lasts for 20 treatments/day x 7 days



WiSAP Portio Coagulator



WiSAP C3 Thermo Coagulator

Summary

- Thermal Ablation is an attractive alternative to cryotherapy for treatment of precancerous cervical lesions – potentially for treatment of large lesions
- A foundation of VIA/Cryotherapy allows easy transition to Thermal Ablation



**Thank
You**